

Fellowship Baptist Academy

5940 Massachusetts Ave.
New Port Richey, FL 34652
727-848-4593

ENROLLMENT PACKET

2019 - 2020

Tuition Schedule

Fellowship Baptist Academy is committed to making top quality education affordable to everyone. Below you will find our 2018-2019 tuition schedule. There are no additional fees. We have several significant discounts available which may be combined.

Tuition for kindergarten – 12th Grade:

\$5500 per year (10 monthly payments of \$550; August 1 – May 1)

This amount covers all tuition, books, uniforms, labs, tests and helps offset the cost of field trips. Fellowship's tuition covers all fees that other schools, both public and private charge extra for (uniforms, sports registration, etc.) Remember to keep this in mind when exploring alternative options. Our cost continue to remain some of the most affordable in our area. For grades 6 – 12, we also include a membership to the New Port Richey Recreation & Aquatic Center which is good for one full year.

Discounts Upon Request: (for non-scholarship students):

Multiple Children: 5% off second child, 10% off third child and beyond

New Family Referral: \$250 off for each new family accepted and completed, no limit!

(new family MUST reference your name on application)

Full Payment Option: 5% off tuition paid in full by August 1.

Fellowship Baptist Church Member: 10% off per year

Classroom volunteer of over 20 hours a month get: 5% off for the year

Payment Exceptions:

Tuition payments are due the first of each month and payable by the 10th. Students who are not paid by the 10th will not be allowed to attend classes until the account has been brought to.

Scholarship students will not be permitted to attend classes until we have received authorization from Step Up or McKay.

Fellowship Baptist Academy

2018 - 2019

Application for Enrollment

Student Name: _____

Student Contact Information:

Full Name: _____ Gender: _____

Birth Date: _____ / _____ ? _____ Age: _____ SSN: _____ - _____ - _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Contact Information:

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Home Phone: (_____) _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

E-mail: _____

E-mail: _____

General Information:

Date of Application: _____ School Year: _____ Grade Entering: _____

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Application for Enrollment

Student Name: _____

Parent's Marital Status:

_____ Married

_____ Divorced & Unmarried

_____ Divorced & Remarried

_____ Separated

_____ Other, please explain: _____

Child Lives With:

_____ Both Parents

_____ Father

_____ Mother

_____ Other; please specify: _____

Other Children in Household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Other Adults in Household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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Student Name: _____

Student Health Information:

Has your child previously had any of the following? (circle yes or no) If yes, please explain.

Yes	No	Mumps
Yes	No	Diphtheria
Yes	No	Polio
Yes	No	Measles
Yes	No	Scarlet Fever
Yes	No	Convulsions
Yes	No	Whooping Cough
Yes	No	Rheumatic Fever
Yes	No	Asthma
Yes	No	Heart Disease
Yes	No	Chicken Pox
Yes	No	Diabetes
Yes	No	Hay Fever
Yes	No	Pneumonia
Yes	No	Discharging Ears
Yes	No	Syphilis
Yes	No	Gonorrhea
Yes	No	Tuberculosis
Yes	No	Suicidal threats

Has your child recently had of the following? If yes, please explain.

Yes	No	Four or more colds yearly
Yes	No	Fainting spells
Yes	No	Hearing difficulty
Yes	No	poor Vision
Yes	No	Speech difficulty
Yes	No	Shortness of breath
Yes	No	Frequent sore throat
Yes	No	Dizziness
Yes	No	Persistent Cough
Yes	No	Ringworm
Yes	No	Impetigo

Please list all allergies:

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Student Name _____

Student Background Information:

Please answer the following questions. If yes, please explain on the back of this form and attach any pertinent records.

- | | | |
|-----|----|---|
| Yes | No | Has your child ever been expelled? |
| Yes | No | Has your child ever been suspended? |
| Yes | No | Does your child have a learning disability? |
| Yes | No | Does your child have an IEP or 504 plan? |
| Yes | No | Does your child have any physical limitations? |
| Yes | No | Has your child ever run away from home? |
| Yes | No | Has your child ever been in trouble with the law? |
| Yes | No | has your child ever smoked? |
| Yes | No | Has your child used alcohol? |
| Yes | No | Has your child used any illegal substances? |
| Yes | No | Has your child been accused of sexual misconduct? |
| Yes | No | Has your child ever repeated a grade? |
| Yes | No | Has your child been labeled as being emotionally or behaviorally disturbed? |

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Student Name _____

Transportation Information:

Please list all persons who have your permission to pick up your child from school including, but not limited to, parents, grandparents, other family, friends, neighbors, after school providers, coaches, etc.

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need to make any changes to this form during the school year, please come in to the office to do so.
Yes___ No___ I give my student permission to leave campus on their own after school.

Parent Signature: _____ Date: _____

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Student Name _____

Emergency Contact Information:

Name: _____

Address: _____ City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship to student: _____

Name: _____

Address: _____ City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship to student: _____

I give my permission to discuss my student's academics with the following people:

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Student Name _____

Student & Family Information:

What are your child's strengths? _____

What are your child's areas for improvement? _____

Where do you attend church? _____

How often does your child attend church/youth group?

Always Mostly Occasionally Rarely

How often does your family attend church?

Always Mostly Occasionally Rarely

Does your child consider themselves a Christian?

Yes No Unsure

What do you base your answer on? _____

Do you consider yourself a Christian?

Yes No Unsure

What do you base your answer on? _____

What influenced your decision to choose Fellowship Baptist Academy?

Were you referred by anyone? _____

(new family referral discounts will be split evenly by all parties listed above)

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Student Name: _____

Student Rules:

The following information is both expected and required of our students. Failure to adhere to these policies is subject to discipline. This is not an exhaustive list.

1. No cheating, copying work or homework is permitted. This includes both the giving and receiving of information. No forging signatures.
2. No possession of any firearms, knives or weapons of any kind.
3. No cursing, vulgarity, dirty jokes, innuendos, etc.
4. No public display of affection.
5. No possession or use of any alcohol, tobacco, illegal drugs or medication not authorized by a parent.
6. No possession of pornographic material in any form.
7. No gum.
8. No fighting.
9. No skipping school.
10. No destructive damage to church, school or other person's property.
11. No immoral conduct.
12. No stealing.
13. No cell phones during school hours.
14. No dangerous or inappropriate driving.
15. No dress code violations.
16. No disrespectful behavior.

Student Dress Code:

Navy, black or tan long uniform type pants purchased from the store of your choice. Belts are required. Young ladies may wear knee length skirts. Please, no tight -fitting clothes. T-shirts and polo shirts are provided from tuition through the academy. T-shirts and polo shirts are provided from tuition through the academy. Physical Education shorts must be navy, blue or black basketball type shorts purchased at the store of your choice. On cold days, navy or black sweatpants are acceptable for P.E. only, no other colors allowed. Dress shoes or sneakers are to be worn in the classroom. Young ladies may wear sandals with front and back straps. No flip-flops.

Each Friday, students may pay \$1.00 to dress down. Dress down is considered to be complete P.E. uniform only. On cold days, students may wear navy or black sweat pants or jeans, no other colors allowed.

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Please review the following additional information carefully. **Signatures are required by both parent(s) and student to process.** Please use a separate enrollment packet for each student who is applying for enrollment.

All students, both new and returning, must have a copy of a valid birth certificate and social security card in their file.

All students both new and returning, must have a complete, up-to- date certificate of immunization prior to enrollment. The immunization record must meet the minimum state requirements.

All students participating in the academy sports programs must have a yearly sports physical exam.

A physical exam report, completed within one year prior to the first day of school, is required for all students who have never attended school in Florida previously. Homeless students are exempt. Students who are transferring from another school are required to provide records to us. Remove and use the release of records information on the following page if needed.

I have carefully read this enrollment packet in its entirety and understand it thoroughly. I have provided and accept all information contained within and give my express permission to have my information applied. I agree to abide by the academy handbook. I understand that failure to comply in any way may result in losing the privilege to attend Fellowship Baptist Academy.

Parent Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

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Emergency Medical Care Permission:

Please carefully read and complete the emergency medical care permission form. Our office manager, Bonnie Thatcher, is an authorized notary and can provide the necessary services in the office free of charge to academy families.

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult workers with the above school to consent to any emergency examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physical or at said hospital.

As a parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the medical center for rendering such services.

I will not hold the staff of said school responsible for injury or death in such event.

Name of student: _____ Date of Birth: _____

Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian signature: _____

Notary for State of _____ Notary for county of _____

Notary Signature: _____ Date: _____ Notary Stamp:

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Medication Permission:

Fellowship Baptist Academy does not provide medication of any kind for student use. Parent's must sign the below form for us to dispense the medication you provide for your student. No student may "borrow" or use another student's medication. Please send in medication in the original bottle, clearly labeled with your student's name.

Student may only keep asthma inhalers and Epinephrine pens on their persons. However, we must have a letter on file from the prescribing doctor.

Please check one of the following:

_____ I do NOT give Fellowship Baptist Academy permission to dispense pain relievers.

_____ I give Fellowship Baptist Academy permission to dispense medication.

List approved medications you will be providing:

Student Name: _____ Date: _____

Parent's Name Printed: _____ Date: _____

Parent's Signature: _____ Date: _____

Release of Records

Date: _____

To: _____

Child's Name: _____ Grade: _____ DOB: _____

Child's Name: _____ Grade: _____ DOB: _____

Child's Name: _____ Grade: _____ DOB: _____

Child's Name: _____ Grade: _____ DOB: _____

Child's Name: _____ Grade: _____ DOB: _____

Child's Name: _____ Grade: _____ DOB: _____

The student(s) listed above have enrolled in our school. Please send entire cumulative information including:

_____ Transcript of Grades

_____ Grades at time of withdrawal

_____ Health/Immunization Records

_____ Intellectual/Physiological Evaluation.

_____ Grading System

_____ Florida Student Number

_____ Special Education Records

_____ Graduation Requirements

_____ Copy of Home Language Survey

_____ Social History

_____ Physical

_____ Copy of Birth Certificate and Social Security Card

_____ Behavioral or Disciplinary Records

Please forward all records to:

Fellowship Baptist Academy
5940 Massachusetts Avenue
New Port Richey, FL 34652
Phone: 727-848-4593
Fax: 727-846-7347

FELLOWSHIP BAPTIST ACADEMY

ENROLLMENT PACKET

2018 - 2019



Home of The Fellowship Eagles

A Ministry of

Fellowship Baptist Church

5940 Massachusetts Ave.

New Port Richey, FL 34652

727-848-4593